III. Methods

The needs assessment process used several strategies to gather input from persons living with HIV/AIDS (PLWH) in King County and providers of care services to this population. Written surveys were created and distributed to PLWH, and HIV-related care service providers throughout King County. Also, to elaborate and explain findings from surveys, focus groups targeting consumer sub-populations were held and key informant interviews with service providers were conducted. The needs assessment is conducted every two years to examine changes and trends for service priorities and service gaps.

A. Consumer Surveys

The 2005 consumer survey targeted persons living with HIV/AIDS throughout King County. The HIV/AIDS Planning Council's Needs Assessment Work Group oversaw the development of the survey instrument, and HIV/AIDS Planning Council staff were responsible for survey distribution, collection and analysis.

The Planning Council sought to collect information on a wide spectrum of PLWH in King County, ranging from individuals who were HIV positive but not yet symptomatic to persons with end-stage illness. The process emphasized traditionally under-served populations, including women, persons of color and persons living in South and East King County. Survey forms were created in both English and Spanish.

The survey inquired about 28 types of HIV/AIDS-related services offered in the King County Continuum of Care. Consumers identified each service either as one that they need and use, did not need/want, or needed but could not get (service gaps). For each service that consumers needed but could not get, the survey asked "why can't you get it?" Consumers were asked to check one or more barriers from a list of six barriers including: "don't know it exists;" "hours offered;" "don't know where to go;" "waiting period'" "don't qualify;" "language barrier;" or "other." The survey had a page at the end for more in depth comments related to service barriers. The survey also asked consumers to choose up to seven of the 28 services that they would consider most important in helping them cope with their HIV/AIDS-related health issues (service priorities). Answers to these questions were used to define consumer "service priorities."

The final component of the survey was an extensive demographic section. This section included questions relating to general demographics (e.g., sex, age, race/ethnicity, area of residence within King County, etc.), as well as questions relating to the individuals HIV-related health status, mental health, substance use, incarceration history, homelessness and risk reduction needs. In addition, income levels based on the most recent federal poverty levels and number of dependents living with consumers was asked and this information was used to indicate Ryan White Eligibility.

In creating the survey instrument, the Planning Council made extensive efforts to safeguard the anonymity of survey respondents. Survey instructions explicitly stated that

consumers should not include their names, addresses or phone numbers on returned surveys. To further safeguard respondents' confidentiality, the surveys were pre-addressed to the "Planning Council," rather than the "HIV/AIDS Planning Council" or "Public Health-Seattle & King County." Survey forms were bar coded for pre-paid delivery.

To reach as broad a range of consumers as possible, survey distribution sites included service agencies, community organizations, and health care facilities throughout the county. Surveys were also distributed to offices of private medical care providers and private dentists. Planning Council staff delivered a total of 2,575 surveys to various agency and provider sites. Based on data from previous years, it is estimated that approximately 60% of surveys distributed to agencies/providers were actually distributed to consumers. The Planning Council received a total of 456 responses, for a return rate of between 18% and 30%.

B. Provider Surveys

The Planning Council created and distributed a provider survey as another component of the 2005 needs assessment process. The Council believes that service provider data offers important comparisons to consumer-identified service priorities and gaps, as well as helping to gather input about sub-populations that may not have been effectively represented among consumer survey respondents.

The survey collected information from as broad a range as possible of providers of service to PLWH in King County. These included primary care providers, case managers, providers of non-Western therapies, private dentists, substance use and mental health treatment professionals and staff from social service agencies. Planning Council staff distributed provider surveys at HIV-related agencies, community organizations, and health care facilities throughout the county. Surveys were also distributed to 28 private doctors and 8 private dentists.

The survey inquired about the type of service offered by the provider, the total number of PLWH on the provider's current caseload, and demographics of the provider's HIV/AIDS clientele. Using the same list of 28 HIV/AIDS-related services that appeared on the consumer survey, providers were asked to identify up to seven services that they believed were most important in helping their clients cope with HIV/AIDS-related health issues ("service priorities"). The survey also asked providers to check each service that they felt was needed by a substantial number of their clients, but that clients were having trouble accessing ("service gaps"). Planning Council staff delivered a total of 382 provider surveys to various provider sites and received a total of 188 responses, for a return rate of 49%.

C. Consumer Focus Groups

The needs assessment process included plans for nine focus groups to gather in-depth qualitative information from specific sub-populations of persons living with HIV/AIDS

in King County. Planning Council staff coordinated and facilitated these focus groups. During the first hour of each group, Public Health staff focused on medical care and social service issues, and the last half-hour focused on specific issues related to sub-populations that may have come from quantitative survey findings (i.e. significant differences in service priorities and gaps).

The focus group process acknowledges that specific sub-populations of PLWH may present unique utilization patterns, access barriers and service gaps, and addresses the concern that written surveys might not be as well suited to capture information from members of several of the sub-populations. A total of 69 PLWH attended eight focus groups.

The questions posed to participants focused on:

- current utilization of medical care and associated clinical services;
- reasons, if applicable, for not currently receiving medical care;
- consumers' initial experience in accessing medical care in King County;
- problems encountered in getting medical care and other clinical services;
- the extent of medical care utilization and access problems among their peers, and
- suggestions for improving access to care in King County

Because the surveys were collected and analyzed prior to the focus groups, facilitators had the opportunity to focus discussions on specific services that reflected significant gaps by sub-population in the surveys.

Focus groups were held with the following sub-populations of PLWH: White MSM; MSM of Color; Women; Latinos (conducted in Spanish); MSM/IDU (men who have sex with men and were also injection drug users); Homeless persons (current or in the past year); Incarcerated (in the past year); and Foreign-born Black.

One additional focus group was planned with heterosexual (non-MSM) injection drug users. Despite targeted outreach efforts this group was cancelled due to lack of participation. As a result, the qualitative information is limited in this report for this sub-population.

Service providers across the Continuum of Care disseminated information about the focus groups within the targeted communities and helped to identify potential participants. Participants registered for the groups by calling a central registration hotline, which had an outgoing message in both English and Spanish. Participants received a $20 grocery voucher as an incentive for their time, as well as reimbursement for transportation and/or childcare expenses incurred. Food was provided at all groups. Staff recorded each of the groups on audiotape. In addition, a non-participant observer took typed notes at each group to assist in the final transcription.

D. Provider Interviews

In order to capture qualitative information about service trends, Planning Council staff interviewed 23 HIV/AIDS care service providers in King County. The interviews asked providers to comment on:

- trends and changes in the kinds of services their clients were using;
- issues related to enrolling and maintaining HIV+ clients in primary medical care and related clinical services;
- health indicators of their clients including mental health, co-morbidities, treatment adherence, and late/early entry into care;
- problems related to access to medical care, and
- suggestions on how to overcome access barriers.

As with the focus groups, providers were identified based on their experience in working with specific subpopulations of PLWH. The interview roster included medical providers with large HIV/AIDS caseloads, case managers, mental health providers, substance use treatment facility staff, jail health staff and others. Planning council staff also interviewed service providers at several King County community-based organizations (including organizations targeting women, persons of color, and homeless persons). Each interview lasted between 30-45 minutes. All interviews were conducted with individual providers over the phone.